


Entered - 06/11/01 - dp  
CL01L0348 - DIANNE C. MITCHELL

01- R-1051

CLAIM OF: TRAVIS ZORN  
2165 Delano Drive  
Atlanta, Georgia 30317

For damages alleged to have been sustained as a result of vehicular  
damage due to a road construction on November 29, 2000 at 130  
Whiteford Avenue.

THIS ADVERSED REPORT IS APPROVED

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

**DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Claim No. 01L0348

Date: June 20, 2001

Claimant /Victim TRAVIS ZORN

BY: (Atty)(Ins. Co.)

Address: 2165 Delano Drive, Atlanta, Georgia 30317

Subrogation: Claim for Property damage \$ 1,000.00 Bodily Injury \$

Date of Notice: 06/04/01 Method: Written, proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.)

Date of Occurrence 11/29/00 Place: 130 Whiteford Avenue

Department Public Works Division:

Employee involved Disciplinary Action:

**NATURE OF CLAIM:** The claimant alleges that his vehicle was damaged when he drove through an area of construction in the roadway. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, the six month statute of limitations expired prior to receipt of the claim.

**INVESTIGATION:**

Statements: City employee Claimant Others Written Oral

Pictures Diagrams Reports: Police X Dept Report Other

Traffic citations issued: City Driver Claimant Driver

Citation disposition: City Driver Claimant Driver

**BASIS OF RECOMMENDATION:**

Function: Governmental Ministerial X

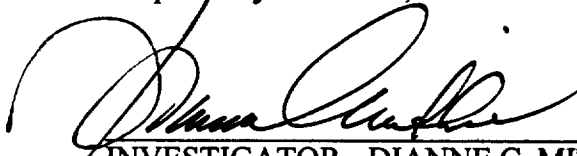
Improper Notice More than Six Months X Other Damages reasonable

City not involved Offer rejected Compromise settlement

Repair/replacement by Ins. Co. Repair/replacement by City Forces

Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,

  
INVESTIGATOR - DIANNE C. MITCHELL

**RECOMMENDATION:**

Pay \$ Adverse Account charged: 1A01 2J01 2H01

Claims Manager: Dianne C. Mitchell Concur/date 06-22-01

Committee Action: Council Action

**COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK**

City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

**RE: CLAIM FOR DAMAGES**

Today's Date: 6-2-01

Dear Municipal Clerk:

ENTERED - 6-11-01 - DP  
01L0348 - DIANNE MITCHELL

*Mitchell*  
*6/11/01*

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ Appr. 1000.00 proper and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 11-29-00 2. Time of Incident: Around 10:00 3. Police called: ✓  
(month/day/year) (No specific NO.) Yes No
4. Location of incident (including street address): North or Next to 130 Whiteford AVE
5. Name of your insurance company: Allstate Policy No. 015083842
6. State what and how incident occurred: I was driving down Whiteford AVE heading south when I struck a hole that had been previously done work in, which was not covered or was not able to be seen. Upon impact my two right side rims were bent being unable to hold air.
7. **ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!**
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- |               |                 |             |                |                       |
|---------------|-----------------|-------------|----------------|-----------------------|
| Your vehicle: | <u>Cadillac</u> | <u>1992</u> | <u>495 LNZ</u> | <u>Travis M. Zorn</u> |
|               | (Make)          | (Year)      | (Tag Number)   | (Driver's Name)       |
- 
- |               |        |                      |                     |
|---------------|--------|----------------------|---------------------|
| City vehicle: | _____  | _____                | _____               |
|               | (Make) | (City Driver's Name) | (Department/Bureau) |
9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE  
INFORMATION IS TRUE AND CORRECT.

Travis M. Zorn  
Signature of Claimant

Travis Zorn  
(Print Claimant's Name)

2165 DELANO DR  
(Address)

ATL GA 30317  
(City, State and Zip Code)

4/325-4000 4/377-3795  
(Work Number) (Home Number)

**01-R-1051**

**RECEIVED**

JUN 04 2001

**MUNICIPAL CLERK**